

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Mike Braun
Governor of Indiana
Lindsey M. Hyer
Executive Director

Date:

I, _____, and I, _____, as the collaborating practitioner,
(Advanced Practitioner) (Physician)

do hereby swear under penalties of perjury that the following statement is true as required by IC 25-23-1-19.8(b)(2):

Between November 1, 2023, and October 31, 2025, we have operated within the terms of our Collaborative Practice Agreement and adhered to IC 25-23-1: Licensing of Nurses and Administrative Rule 848 Article 5 of the Indiana State Board of Nursing.

APN License Number:

(Printed Signature)

(Signature)

Physician License Number:

(Printed Signature)

(Signature)